

February 22, 2022

The Honorable Patty Murray  
Chair  
Senate Appropriations Subcommittee on Labor,  
Health and Human Services, and Education  
131 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Rosa DeLauro  
Chair  
House Appropriations Subcommittee on Labor,  
Health and Human Services, and Education  
2358-B Rayburn House Office Building  
Washington, DC 20515

The Honorable Roy Blunt  
Ranking Member  
Senate Appropriations Subcommittee on Labor,  
Health and Human Services, and Education  
131 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Tom Cole  
Ranking Member  
House Appropriations Subcommittee on Labor,  
Health and Human Services, and Education  
1036 Longworth House Office Building  
Washington, DC 20515

Dear Chairwoman Murray, Ranking Member Blunt, Chairwoman DeLauro and Ranking Member Cole:

The undersigned members of the [Injury and Violence Prevention Network](#) urge you to complete the FY 2022 Labor, Health and Human Services, and Education Appropriations bill without delay and support the FY 2022 funding levels for the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC) in the House-passed bill.

Continued delays in the FY 22 appropriations process will have a negative impact on NCIPC's ability to get funding to recipients in a timely manner. In addition to giving applicants sufficient time to apply for funding, NCIPC will need time to complete a fair and objective review process of all funding requests. Asking federal agencies to condense what is typically a six-month review process shortens and, therefore, compromises the review process.

In addition, continued delays in finalizing the FY 22 appropriations process will have a detrimental impact on specific programmatic areas, such as:

- Overdose Prevention – recognizing the need to bolster overdose death prevention efforts across all regions of the country, President Biden, the House and Senate all proposed a FY 22 funding increase of approximately \$200 million. Despite this historic funding increase, communities continue to struggle to address an epidemic that has far outpaced the available resources;
- Suicide Prevention – the House and Senate proposed additional FY 22 funding to integrate near real-time data to track and monitor suicide trends for the 11 Comprehensive Suicide Prevention Program recipients. Further delays in the allocation of these funds hampers efforts to strengthen the evaluation of suicide prevention strategies for populations at disproportionate risk;
- Drowning – in response to state-level data illustrating a rise in drowning deaths, particularly among disadvantaged communities, the House and Senate established a new funding line to support drowning prevention efforts. However, continued delays in the allocation of these funds stymies the ability of states and their partner organizations to scale effective drowning prevention programs, while collecting the data needed to assess the circumstances that perpetuate drowning disparities.

To meet the needs of the injury and violence prevention community, the House and Senate took the historic step of proposing an allocation of more than \$1 billion in FY 22 to NCIPC-administered programs. While such a proposed funding allocation will help address wide gaps in injury and violence prevention policy, we urge your support for at least the funding allocations in the House-passed bill to adequately address the need to inject greater resources in state-level injury and violence prevention programs.

Specific new funding allocations in the House-passed bill include:

- \$2 million to fund the National Concussion Surveillance System;
- \$2 million to expand efforts that address Adverse Childhood Experiences (ACEs);
- \$10 million to strengthen the National Violent Death Reporting System (NVDRS);
- \$2 million to grow the Injury Control Research Centers network; and
- \$5 million to bolster domestic violence and sexual violence prevention programs.

Injuries and violence are the leading cause of death during the first four decades of life, regardless of gender, race or socioeconomic status. According to the CDC, every three minutes a person dies from a preventable injury or act of violence, including domestic violence, falls, motor vehicle collisions, homicides, prescription drug misuse and suicide. This accounts for 231,191 deaths, 32 million emergency department visits, and 3 million hospitalizations totaling \$671 billion in health care expenditures, lost pay and productivity. Suicide alone represents \$69 billion of those costs. It is vital that we expand NCIPC's ability to bolster state-based injury and violence prevention efforts across the country.

As efforts to address injury and violence prevention have long garnered bipartisan and bicameral support, we ask that you complete the FY 22 Labor, Health and Human Services, and Education Appropriations and support the FY 22 funding levels for NCIPC in the House-passed bill. Please feel free to contact Paul Bonta, Director of Government Relations for the Safe States Alliance, at [Paul.Bonta@SafeStates.org](mailto:Paul.Bonta@SafeStates.org) should you have any questions or wish to discuss this further.

Sincerely,

American Academy of Pediatrics

American Physical Therapy Association

American Psychological Association

American Public Health Association

Association of Maternal & Child Health Programs

Association of State and Territorial Health Officials

Big Cities Health Coalition

Brain Injury Association of America

Child Injury Prevention Alliance

Child Welfare League of America

Committee for Children

National Association of State Emergency Medical Services Officials

National Center on Domestic and Sexual Violence

National Prevention Science Coalition to Improve Lives

National Safety Council

Prevention Institute

Public Health – Seattle & King County

Safe States Alliance

Society for Advancement of Violence & Injury Research

YMCA of the USA